

7. By endeavoring, as physician, to maintain a reliable mental equipoise.

A vote of thanks was passed for the hospitality shown the members by the city authorities, the entertainments by the ladies and the pleasant entertainments by the Committee of Arrangements, etc. The officers elect were then installed.

On Saturday those who had not left the city were taken down the Delaware River to visit the State quarantine station at Marcus Hook, where they were provided with a luncheon, thence to Reedy Island, where the disinfecting plant of the Marine Hospital Service was exhibited and explained, returning to New Castle, Del., where a special train was in waiting by courtesy of the Pennsylvania Railroad, which carried the party back to the City.

NEW INSTRUMENTS.

EXCISION OF THE TONSILS FOR HYPERTROPHY WITH RECURRING TONSILLITIS.

A MODIFIED INSTRUMENT AND THE TECHNIQUE OF ITS USE.

Read by Invitation at the Meeting of the Will County Medical Society, Nov. 23, 1897.

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JOLIET, ILL.

Excision of the tonsils in cases of hypertrophy, with frequently recurring attacks of tonsillitis, promises more for the patient's immediate relief, and affords a more certain cure, than partially removing the glands; and to facilitate this procedure I have devised a modification of the Ingals' or Bosworth cold wire snare, which has proven so satisfactory as to merit a description.

This changes the appearance of the instrument completely, as will be seen from illustration II.

The points embodied in this form of snare to which I wish to call especial attention are: *a*, The whole tensile strength of the wire is utilized instead of losing a good percentage of it by the friction at the proximal opening of the wire tube; *b*, the thumb-screw, with its double thread, acts quicker, easier and with more power than the milled nut used on the Ingals' snare. With this instrument complete excision of the tonsils can be made in only a little longer time than when using the ordinary tonsillotome.

The operation which this instrument was designed to facilitate is as follows: The patient complaining of attacks of quinsy each time a cold is contracted, is found upon examination to have hypertrophied tonsils.

This is a case where the ordinary partial removal would prove inadequate, if not actually adding to the patient's susceptibility to the recurring attacks of tonsillitis; nor would cauterization of the tonsillar crypts be of so much benefit. Frequently in these cases the tonsils are covered by the anterior pillars of the fauces and possibly this fact explains the frequent failure of tonsillotomy to permanently relieve the patient.

It is highly important that the field of operation be properly illuminated, and care be taken to select a room brightly lighted by a large window or a skylight, in which to conduct the operation. The patient is placed on a table parallel to and in front of the window. Back of the table a good-sized common mirror is placed, or held by an assistant, in such a manner that the light from the window is reflected to the head-mirror worn by the operator, who should be sitting between the patient and the window. By these means a strong light may be easily thrown on the field of operation and at the same time the operator's eyes are not confused by the bright light of the window. If the room is provided with a skylight, the light is

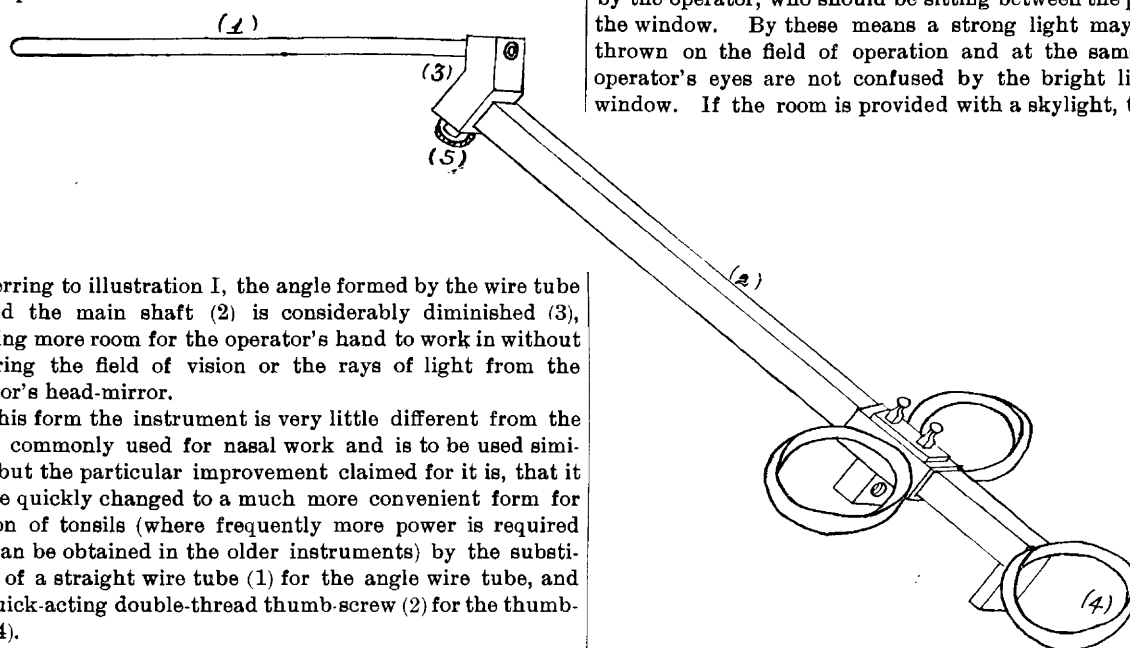


Fig. 1.—For ordinary work.—(Larned.)

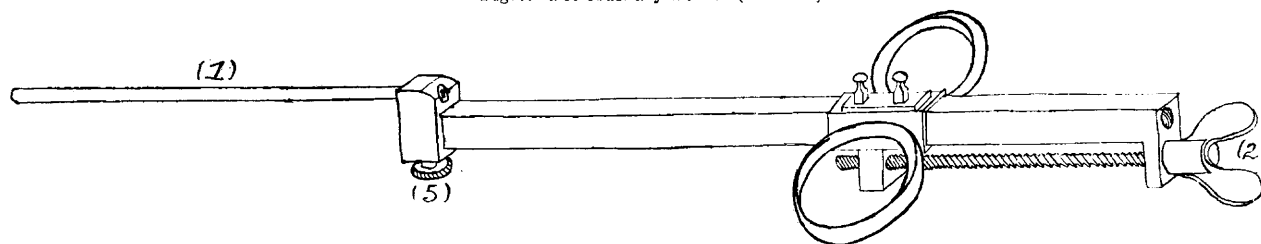


Fig. 2.—For excision of tonsils.—(Larned.)

That this may be done, the wire tubes have been made interchangeable and held in place by a small set screw (5) and a place provided for the thumb-ring to be screwed into the shaft.

reflected in the same manner, by holding the large mirror at the necessary angle to reflect the rays from the skylight to the operator's head-mirror.

If neither window nor skylight is available, a common "bull's eye" lantern, or a bicycle lamp, can be made to answer very well, if a regular laryngoscope is not at hand.

The operation should always be conducted with the patient thoroughly under the influence of a general anesthetic, chloroform being preferred for obvious reasons.

The posture of the patient is very important. After the patient is thoroughly anesthetized, a Waxham gag should be used to keep the jaws well apart, and held by the anesthetizer; he is then turned upon his abdomen, the face projecting over the side edge of the table (not the end), about half way, the head and uppermost arm being held by an assistant.

If, as is usually the case, the tonsil is more or less covered by the anterior pillar of the fauces, it must be separated from its covering by passing a blunt hook between it and the pillar.

The undermost tonsil is now seized with a forceps, preferably one made for this purpose, or a bullet forceps, or even ordinary hemostatic forceps, and the wire loop of the *ecraseur* passed over the locked handles of the forceps, being careful to have it encircle the gland completely; then steadily turning the thumb-screw will completely remove the tonsil, frequently without the loss of a drop of blood.

Turning the patient with his face to the other side of the table and then turning the table so that the patient faces the operator again, the remaining gland, which is now undermost, is quickly removed.

The entire operation can be carefully done in from ten to fifteen minutes, not counting the time used in anesthetizing the patient. There is no danger from hemorrhage and the tonsillitis can not recur.

The after-treatment should consist of gargling once an hour, except during sleep, for two or three days following the operation, with rather warm water containing five drops each of carbolic acid and oil of gaultheria to the ounce.

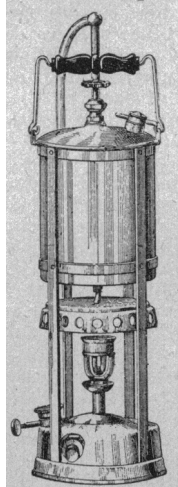
A careful observation of the many little points of technique in this description makes the operation neat and satisfactory to the patient's friends and the operator.

The snare has comparatively few parts and may be thoroughly sterilized by boiling. The instrument and sketches are the product of my leisure moments, but any instrument maker can manufacture the snare by reference to the drawings.

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APARTMENT DISINFECTION.

The value of formic aldehyde gas in disinfecting is now generally recognized, but there have been many difficulties attending its efficient application. The volume used must be amply large and liberated with sufficient rapidity to overcome all the



disadvantages. Dry heated gas is of highest value because it is most penetrating and, having a specific gravity equal to that

of atmospheric air, mixes freely with air, thus producing its effects wherever air can penetrate.

In an effort to secure the best effects the following simple apparatus (shown in the illustration) has been devised. It consists of a Swiss heating lamp beneath a reservoir for commercial formaldehyde. Between these is a copper coil opening into the receiver and ending in a short gum hose, at the distal end of which is a thin feeding-tube. The opening from the reservoir into the tube is protected by a valve. When the tube is red-hot, the valve is opened to admit a small stream of solution of formaldehyde. This is instantly vaporized and the liberated gas and vapor intensely heated as it passes through the coil. The gas is not liberated under pressure, hence there can be no danger from inflammation or explosion. By means of the feeding-tube, an apartment is filled with gas through a key-hole or other suitable opening.

The apparatus is always on the outside of the apartment being disinfected, and is capable of filling an ordinary room within half an hour, so that one operator can easily disinfect as many as two dozen rooms per day, if not too remote one from the other. The apparatus can be obtained of H. K. Mulford Co., Philadelphia.

SELECTIONS.

The "Carlsbad Springs" of the United States of North America.

— . . . The United States excels all other countries of the globe in the number and varying character of its mineral springs. . . . In the Thirty-second bulletin of the United States Geological Survey (1886) there is an elaborate, and as far as possible, exhaustive report, prepared by Albert C. Peale, M.D., in which there are mentioned 2,822 localities, containing 8,822 distinct springs. Of the latter but 634 have been quantitatively analyzed, and 153 tested simply for the nature of their ingredients (qualitatively analyzed). Of these, 223 were being used commercially in 1896, 17 having been added to this number in 1890, which is the date of the last general report on the subject.

The figures as above given, incomplete as they are, demonstrate that while the number of springs which have been analyzed is less than a quarter of those of Europe, the sum total of those in the United States largely outnumbers those of that continent, as enumerated by Dr. Friedrich Raspe in his "Heilquellen Analysen." This author gives between 2,800 and 2,900 analyses of as many different springs situated in various parts of the continent of Europe. This great disparity is obviously due to the older civilization of Europe, and the greater facility and cheapness with which analyses are obtained there. Among the springs of our own country, with whose composition we are acquainted, and which, in spite of our youth, have been fully tested as to their intrinsic qualities as health restorers, there are a great many which may fearlessly take up the gauntlet and challenge the most celebrated health resorts of the Old World as to their value and efficacy in this direction. If Americans prefer European spas to the springs of their own land, it is doubtless due to their desire to travel "over the sea," the benefits of a voyage, or to lack of acquaintance with the resources of our country.

Among the oldest and most celebrated mineral springs and health resorts of Europe Carlsbad claims a prominent place, a claim readily granted by balneologic authors, as its springs have enjoyed for centuries a deservedly high reputation as a "resort for invalids and not for pleasure." . . . The hot waters here issue forth from a subterranean basin whose nature and contents have been plainly elucidated by Berzelius, who demonstrated "that the incrustations produced by the decomposition of the water in contact with the atmosphere has formed a roof, through which the waters below it forced them-